

SERVICES OTHER THAN PERSONAL

Bu. Vou. No. 2357

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Voucher prepared at

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No.

To

(Payee)

PAID BY

End #1
DAD-0632-59
COPY 1 OF 2

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Costs				\$283.	84
PAYMENT: Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final <input type="checkbox"/>							
Use continuation sheet(s) if necessary							
Shipped from		to	Weight	Government B/L No.		Total	\$283.84
I certify that the above bill is correct and just and that payment has not been received.				(Payee must NOT use this space)			
(Sign original only)				Differences			
Date 1-13-59 *Payee				Amount verified; correct for			
Per [Redacted] Title				(Signature or initials) EL			
Contract No. H-101		Date	Req. No.	Date	Invoice Rec'd.		

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$

† (Authorized Certifying Officer)

By

SIGN
ORIGINAL
ONLY

Title

Title

Date

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. dated 1-13-59, for \$ 283.84, on 1-13-59, Payee [Redacted] (Sign original only)
Cash, \$ 283.84, on 1-13-59, Payee [Redacted]

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary" or "Treasurer".
† If the ability to certify is approved for release 2001/08/15 : CIA-RDP64-00360R000600040132-6
necessary; otherwise the approving officer will sign on the line below "Approved for \$", and over his official title.

Per

STATOTHR

THE RAMO-WOOLDRIDGE CORPORATION
FORM STL - 660

ACCOUNTS PAYABLE

WEEKLY DISTR

DATE

12/28/56

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Approved For Release 2001/08/15 : CIA-RDP64-00360R000600040132-6																						
No.	BATCH			INVOICE NUMBER	PURCHASE ORDER	CHECK NUMBER	PAYMENT DATE		Vendor Number	GROSS AMOUNT	DISCOUNT	Tax Class	Cost Element	TR. CODE	COST CENTER			CHARGE DISTRIBUTION			NET AMOUNT	
	Mo.	Day	Yr.				Mo.	Day							Adj.	Int.	Sub.	Account	M.I.O.	S.O.		Work Order
24	12	23	8	25		10170	22	48	2248				1	55	25	00	00	12501	3032	31	1288	
54	12	23	8	25		10170	22	48	2248				1	55	25	00	00	12501	3032	31	527	
54	12	23	8	25		10170	22	48	2248				1	55	25	00	00	12501	3032	31	357	
54	12	23	8	25		10170	22	48	2248				1	55	25	00	00	12501	3032	31	235	
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